

City of San Rafael		Department of Public Works				Transportation Permit							
In compliance with your request and subject to all of the terms, conditions and restrictions written below and the attachments, permissions is hereby granted to:		Permit Valid Between				Permit Number: _____ <u>Requested Moving Days</u> <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Authorized City Representative Date: _____ <small>Telecopied Permits Not Valid Without Seal</small>							
Transporter		_____ AM ____/____/____ _____ PM And Sunset ____/____/____											
Address		Requested Additional Moving Dates:											
City/State		Saturday		<input type="checkbox"/>									
Phone		Sunday		<input type="checkbox"/>									
		Sunset to Sunrise		<input type="checkbox"/>									
HCD NO.													
<input type="checkbox"/> Haul	Load or Equipment and Model No.												
<input type="checkbox"/> Drive													
<input type="checkbox"/> Tow													
Type Vehicle													
King pin to last axle					Comb. Vehicle Length					Sending Station		Receiving Station	
Loaded dimensions different than or weights exceeding those shown below are not authorized													
Max. Height:			Max. Width:				Max. Overall Length:				Max. Overhang:		
Axle Numbers	1	2	3	4	5	6	7	8	9				
Number Tires													
Axle Spacing													
Axle Width													
Weight													
Origin				Destination						Trips			
Authorized Roads / Streets / Highways * - Other Agency Permit Required													
<u>Preferred Route:</u>													
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (See Alternate Route)													
NO HAULING 7:00-9:00 AM, 4:00-6:00 PM													
Pilot Car <input type="checkbox"/> Yes <input type="checkbox"/> None Required										Attachments			
<u>Alternate Route:</u>										<u>Permit Conditions</u>			
										<input type="checkbox"/>			
										<input type="checkbox"/>			
										<input type="checkbox"/>			
										<input type="checkbox"/>			
										<input type="checkbox"/>			
										<input type="checkbox"/>			
<input type="checkbox"/> Charge <input type="checkbox"/> Exempt Fee: \$ 16.00 <input type="checkbox"/> Cash		_____ Permittees Authorized Agent (Signature)						____/____/____ Date					